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Original Lectures.

CLINICAL GYNECOLOGY.

EXTRACTS FROM THE GYNECOLOGICAL SUB-CLINICS IN THE HAHNEMANN HOSPITAL, OF CHICAGO, BY PROF. E. STILLMAN BAILEY.

Two of the sub-clinic classes were called, and the following cases were presented:

UNDEVELOPED UTERUS WITH SUPPRESSION OF THE MENSES.—*Case* 20107.—The patient is twenty-seven years of age, married but childless. Her present symptoms are as follows: A throbbing pain in the vertex; hot flashes; some nausea with faintness; bloating of abdomen; extreme nervousness. Menses were established when sixteen years of age, and have been very irregular, the intervals between the periods ranging from eight to twenty-two months. Generally speaking, her health is good, if we except occasional attacks of excessive irritability or melancholy. This patient was referred to our clinic by Dr. E. Z. Bacon. In addition to the above, the patient gives the following history: She was obliged to work out when a girl of fifteen. Learning that menstruation was being established and was doubtless physiologically irregular, the mistress of the house obliged the patient to drink a large quantity of herb tea in order to bring on the flow. The ingredients of the tea we do not know, but the patient remembers that it was very strong, and that immediately after taking it she became desperately ill. Profuse flowing accompanied by excruciating pain followed the dose, and she did not recover from the immediate effects for a long time. In point of fact, menstruation has been very irregular ever since.

It is now eleven months since her last period, and the longest time the menses have been suppressed is twenty-two months. If she remembers correctly, the number of periods is less than a dozen during her menstrual life. The record comes to us that when she first came under homœopathic treatment she was a regular "Pulsatilla patient." This remedy helped her very materially. At present she is very irritable, at times quite desperate in declaring that something shall be done to force the menses. Being childless she is exceedingly anxious to become a mother. I think you will have recalled something of the teaching in reference to this condition of suppressed menstruation. The patient is a victim of the old idea of the forcing treatment, and, notwithstanding her misfortune, she still believes that normal menstruation can be forcibly established. She has, accordingly, tried every measure suggested by physicians or recommended by the laity. Her impression is, that the herb tea did her great harm, but can not understand why the ill effects may not be overcome. As she comes for examination and diagnosis the following conditions are to be noted. The patient is in good physical development, weight 140 pounds, of good height and her form is matronly but not obese. She seems generally well. The functions of the body are normal including the nervous phenomena and the natural passions. Local examination of the genitals and the vagina show them to be normal, but the cervix uteri, as seen by the sense of touch, is very small, I might say infantile, or perhaps a better term for a woman grown, it is undeveloped. In size it feels but a little larger than the end of the middle finger. This diagnosis you can now confirm by looking through the speculum which I have placed *in situ*. On passing the uterine sound into the cervical canal and uterus you witness the depth to be scarcely two inches. It is quite impossible to detect the ovaries. It is very likely that they are atrophied. There is no peri-uterine soreness, no ovarian tenderness. We may justly conclude also that ovulation is not independent of menstruation, otherwise she might have conceived. The dose she took did more than was expected of it, for while it brought on one

menstrual period it has prevented the coming of a hundred. We have every reason to believe that had no damage through drugs been done at the critical time of puberty the menstrual periods would have properly returned and remained normal. One lesson in this case is not only to avoid making the error as a physician but to warn others that the critical discharges from the human body may be properly regulated but never forced. The prognosis is not a favorable one. I apprehend the condition of the uterus and ovaries, and their size is about the same as when sixteen years of age, minus the atrophic changes resulting from inactivity and the failure of development harmonious with the other organs of the body. A function was seriously if not permanently impaired by the drugs. Conception has been and will remain an impossibility so long as the loss of function and the failure of development lasts. She is a patient abundantly nourished, is well cared for, and is entitled to our best efforts. The suggestion I offer, as a possible excitement of the forces that might lead to better development and functional activity, is the application of electricity. I suggest the interrupted electrical current applied directly to the cervix and body of the uterus, the opposite pole being placed on the lumbar and sacral portion of the spine. The frequency and length of the application to be three sittings per week of ten minutes each. For symptoms as above, Sulphur (30x) twice daily was prescribed.

Cystocele.—*Case* 20109.—Age twenty-seven years, married, the mother of two chilren. Referred to this clinic by Dr. Bacon. The case is for diagnosis. After making a physical examination, we defined the case to be one of cystocele. I shall refer to the case also as a typical one. There is nothing to suggest its having been, or its becoming extreme in degree. Just at present, owing to the fact of having recently voided the urine, the deformity is slight. Vaginal cystocele, or vesical hernia, or vesico-vaginal hernia, is an inversion, as you remember, of the anterior vaginal wall, accompanied with the pulling down of the posterior wall of the bladder. These tissues are then pushed forward under the urethra, and the line through the meatus urinarius to the

fundus of the prolapsed portion of the bladder resembles the long letter S. But a small portion of the bladder escapes in this case. There remains to the sense of touch a good degree of elasticity to the circular muscular fibres of the vagina, and also to the involuntary muscular bands of the bladder. Her suffering is from dysuria; she has to reduce the cystocele with the finger before voiding the urine. Aside from the nuisance and discomfort of this procedure, there remains a great chance for the retention of a portion of the urine, it being impossible, under such circumstances, to entirely evacuate the bladder. Alkaline fermentation is likely to be established, and this in turn would cause or perpetuate a cystitis, and maintain a vesical catarrh. It would also be possible for this retention of the urine to lead to the formation of phosphatic calculi, or some other form of vesical concretions. In addition to the cystocele, as we find in this case, there is, as you might expect, a prolapsus uteri, both conditions being traced to childbirth. The prolapsus dates from her confinement, and the cystocele is post-puerperal. Cystocele, either slight or pronounced, is a more frequent accompaniment of uterine displacement than is commonly supposed. More damage, as a rule, in parturition, is done to the anterior than to the posterior vaginal wall, unless we treat of the perineum in its anatomical relation to the posterior wall. Winckel, in reviewing one hundred cases of prolapsus of the uterus, found cystocele in fifty-four, or one-half of all the cases, as an accompaniment. He found rectocele thirty-three times. The prolapsus is of the first degree, therefore slight. The treatment is both palliative and curative. She is recommended to take vaginal injections of hot water while lying upon the back, with the hips well elevated, first voiding the urine with as little straining as possible. She is to repeat this two or three times daily, water to be at the temperature of 105 degrees Fahrenheit, and in quantities not less than four quarts at a time. When on her feet she is to use an elastic wool tampon, so placed as to return the uterus to its normal plane. This form of pessary can be worn with impunity. Failure of the tampon, she is to use Halsey's cysto-

cele pessary. The prognosis in her case is favorable, the displacements being slight, and the tissues involved not as yet pathologically changed. The symptoms being mainly burning, smarting and frequent urination, only a few drops being voided at a time, a reddened, swollen meatus, somewhat sensitive uterus and ovaries, the remedy she is to take is Cantharis 3 four times daily. This remedy, in my hands, has been excellent in peri-uterine inflammations and cellulitis. Left uncared for, the slight prolapsus may in time become of extreme degree.

COMPLETE PROCIDÉNTIA OF THE UTERUS AND THE BLADDER.—*Case* 20108.—Patient recommended to our clinic by Prof. Shears; age forty-six years; the mother of six children, she passed the climacteric five years ago. Had been well until two years ago when the present trouble was first noticed, the prolapsus being incomplete until a year ago. Complete procidentia of the uterus and bladder is not of very frequent occurrence. It may happen in young girls through traumatism, Monroe reporting a case in a child three years of age. It may be brought on about the crisis of puberty by some unnatural strain or serious impropriety of exercise or dress, or even as a result of violent straining at stool. Procidentia has occurred in my practice as a result of tight lacing and overexertion in the person of a young favorite of the footlights. The songs and dances were too violent in her tight clothes, and a partial rather than a complete procidentia resulted. This displacement is however most frequent after childbirth. The patient before you recognizes no immediate cause "It just came itself." This was eight years after the birth of her youngest child, and three years after the climacteric. Previous to this she does not remember to have had a displacement of any kind. While you all can see this mass, at least six inches in its long diameter and three in its transverse, lying between the patient's thighs, I apprehend it is a new sight. The explanation of the physical conditions found runs as follows: The outermost part or covering is the inverted vaginal wall. This is normally a mucous membrane, and should be bathed with its own mucous secretion, but its

appearance is that of the palmer surface of the hand, dry and variously folded upon itself. The cervix uteri is found at the pendant part, and is recognized by its transverse button-hole appearance. Imposed upon the superior portion of the tumor is the bladder, where it has been dragged by reason of its intimate attachments to the vagina. The sound introduced through the meatus describes a short sharp curve backward, downward, then forward and it can be traced, as it is moved through the bladder, distinctly by sight and by touch, thus giving the outlines of the bladder resting upon the extended mass. The sound passes into the cervical canal readily, and the depth of the uterus is not abnormal. Underneath the bladder through the inverted vaginal walls can be felt the fundus of the uterus very distinctly. The Fallopian tubes and the ovaries can not be mapped out, possibly they are nearer home and did not come down on this trip. Contrary to the expectation in this case, there is but little suffering, the dragging sensations and the awkwardness in walking are the nuisances she complains of the most. The difficulty in voiding the urine producing the chief pain. Fortunately this dislocation is easily reduced by a little pressure upon the cervix. The uterus recedes and the vaginal walls return about as readily as you can change the finger of a glove that has been turned inside out. The patient will return to the clinic to-morrow when I shall be provided with a soft rubber pessary of large diameter, which she is to wear provided it does not produce irritation, erosion or congestion of the surrounding parts. Should the pessary fail us, the surest way to cure the case is to narrow the vaginal tube by surgical procedure. This the patient will return to have done in a few months, if it should be necessary. While the diagnosis is given in such cases as prolapsus uteri or complete procidentia, the fault lies in the complete inversion of the vaginal walls. The complete inversion of the vaginal wall is the immediate cause of the procidentia, the remote cause being an extensive laceration of the perinæum sustained at childbirth. A few days following the introduction of the soft pessary the patient informed me that it had given her great

relief and comfort, yet she renews her promise of the radical cure if the temporary measures fail.

Laceration of the cervix.—*Case* 17895.—Age twenty-three years, married, miscarried at the seventh month. First gestation. General health excellent. She has reported at the clinic several times for local treatment. You will not have to wait long in your practice before you will meet with such a case. She is childless, and greatly desires to become a mother. She was told at the time of the miscarriage that her womb was torn. On examination you all are witnesses to the fact of the bi-lateral rent of the cervix, and that the everted edges are bathed with a glairy, ropy, tenacious mucus which is difficult to detach, and which extends well into the cervical canal. This leucorrhœa, she says, is ever present, and is worse just before and following menstruation. The menstrual periods are normal in every respect. The lacerated cervix underneath the mucus is reddened, and bleeds easily when touched by the sound. The extent of this inflammation, however, is slight, and confined to the part that was injured. The accident at parturition seems to have been confined to the tearing of a few circular fibres of the cervix and the laceration of the endo-trachelian mucous membrane. The sub-involution of the cervix is therefore such that the external os is kept gaping, and the cervix is kept exposed to the air and to friction.

The constant irritation provokes and perpetuates the leucorrhœal discharge. It is not the proper time to discuss the different forms of laceration. I do not consider this laceration a deep or an extensive one, but I do call your attention to the fact that although a slight injury it does not get well. She has been faithful in her treatment, and our best efforts have availed her but little, save palliation. Trachelorrhaphy has been explained to her, and she is anxious for the operation, and will return to the hospital in two weeks, and will remain until well. The local applications have been, Pinus Can., Hydrastis and Calendula. Internally she has taken Belladonna, Kali Bich, Sepia, Silicea and other remedies. Simple as the case is I urge the operation, and if your experience

should tally with mine you would prefer to operate and cure the case than to persist in local treatment and be constantly disappointed because the patient does not get well. The laceration and discharge is a constant bar to conception, and it is a fact in my experience that conception very often follows early after the torn cervix has been repaired. The laceration also may be the forerunner of a more serious trouble—the dreaded cancer of the cervix.

LACERATION OF THE CERVIX WITH HYPERPLASIA—OPERATION.—*Case* 17977.—Married; age twenty-eight years; has two children; one miscarriage six months ago. She is a frail, delicate, little woman, weighing about ninety pounds. Her strength is nil, yet she cares for her family of four. Seven years ago, at birth of her first child, she suffered lacerations of both cervix and perinæum, and has not been well since. The complications are, slight subinvolution of the uterus, hypertrophy and hyperplasia of the anterior and posterior lips of the cervix, and a marked prolapsus. She has attended our clinic for nine months, excepting at the time of miscarriage. On examination we have repeatedly found the cervical erosions as red as fire, and very persistent in character, owing to the fact that the cervix always rested low upon the anterior rectal wall. The high degree of inflammation has been controlled by local applications and hot water injections. The present red granular cervicitis gives but little idea of the extent and depth of inflammation that has accompanied this case. If the patient will return on Monday next I will operate for the restoration of this cervix, as the parts now warrant surgical interference. [Later. The patient was operated on, the laceration being found deep and extensive, requiring four sutures on either side, and a very free freshening of the hypertrophied tissues. I think our German friends would almost call it "an amputation of the cervix." Hemorrhage was controlled by the use of hot water. The intimate relationship between the diseases of the uterus and pulmonary diseases is well established. The patient has been drifting downward until hæmoptysis alarms her quite as much as the uterine trouble. The records of the hospital will show if the present operation has

cut short this pulmonary difficulty now in an incipient form. Upon the removal of the sutures, nine days after the operation, the wound was found to be perfectly healed, the result thus far being entirely satisfactory. The after-treatment given in this case was briefly: For the first day she had Aconite, 3 every hour; then the two following, Arnica 3 four times a day. Bryonia at irregular intervals was given for her cough. Hot vaginal injections of water and Calendula were commenced thirty-six hours after the operation, and repeated twice daily, she having them administered while in the Sims' position and the hips well elevated.]

ANTEVERSION OF THE UTERUS WITH A LACERATION OF THE CERVIX.—*Case* 20099.—Age thirty-two years; had one child eleven years ago, none since; has a stitching pain in the left ovarian region, and also a pain extending from the thigh to the knee, left side; dysmenorrhœa, the menses being always tardy and scanty. Her chief distress is the frequency and painfulness of urination, the desire to void urine being almost constant when on her feet, and she has to get up from twelve to twenty times each night to void only a few drops each time. The urine she says frequently looks like black coffee. The local examination finds the uterus anteverted; the fundus is large and pressing heavily upon the bladder; the cervix is torn, and is looking directly back into the hollow of the sacrum.

This case may have a peculiar interest to you to-day, as it illustrates my didactic lecture of an hour ago. The patient reports this morning that her condition is much improved ever since she came to our clinic. The frequency of urination is very much lessened during the day, and she raises but once during the night.

Before applying here she had been taking treatment regularly for eight months, twice a week without relief. It seems that the right thing had not been done for her. As soon as I had determined the variety of the displacement I reposited the womb, as you have just seen me do, and I placed a small elastic antiseptic wool tampon in the anterior vaginal vault, pushing it as high up as possible without causing distress. Fortunately this acted a good deal as a wedge would between the bladder and the womb. As soon as she got on her feet she

felt the relief and the support. The tampon remained longer than we recommend—usually only twenty-four hours—this was retained three days, and it kept the womb up and back. She has had two such treatments here, and reports marked improvement. The menses were less painful and more natural at the period last week.

Simple as these cases of anteversion may seem to you they will tax your patience and test your skill. We are not always so fortunate as in this case, but the principle will be the same, reposit, and support. I believe Nux Vomica 3 was nicely indicated by the symptoms she gave, which were not recorded, and it acted curatively. Without the local aid the cure might have followed, but in all probability not so rapidly. The right remedy in these cases is always the best crutch to lean upon, and it is curative also. While the patient is better you are not to conclude that she is well. Now is exactly the time to press the treatment, encourage the return of the normal circulation, and nutrition of the parts, keep the fundus from off the bladder, and relieve the vesical irritation; to do this in season and out of season, patiently and carefully, time and again, and you will prove to your own satisfaction that these cases are curable. I am also of the opinion that the laceration will need the operation before she is entirely well. She is to continue *Nux Vomica* 3, and will return for local treatments.

ACUTE RETROFLEXION OF THE UTERUS.—*Case* 17936.—Age twenty-eight years; married; childless. For several years the patient has desired to become a mother, and has wondered why she has not been pregnant. Her case we found early in the spring to be one of acute retroflexion. Postural treatment was necessary. The patient assumed the genu-pectoral position, while we passed the sound. When once *in situ* it was firmly though gently held until she was returned to the Sim's position. By dragging the sound downward and pressing the tip forward the flexion was so disposed of that the stem of the repositor, Ludlam's, was passed by the side of the sound into the cervical canal. This consumed in all over a half hour, and the pain provoked was quite

severe. The uterus was then held up and forward by an intervening wool tampon, between the rectal walls and the posterior body of the uterus, not a large one, but, as in the case I just showed you, it has had a very beneficial influence. Repeatedly this patient has returned to our sub-clinic for this treatment.

You will see to-day that on passing the uterine sound no point of flexion is to be found, and, as you observe by its curve, the cervical canal is not only free from obstruction but the fundus is also but little displaced, and that is backward. The constipation that was chronic has been removed, and she tells us, as you all hear, that she has been steadily getting better ever since she has been coming here. Let this also be an additional evidence, that, by mild methods though persistently followed, a cure may confidently be expected. The remedy so often given in her case was *caulophillin* 3x. To-day she complains of a deep, burning sensation in the stomach, accompanied with great thirst and violent vomiting. She will take Arsenicum 6x, a powder the size of a small pea, dry on the tongue, every two hours, until vomiting is relieved, then for the balance of the week night and morning only.

VAGINAL CONSTRICTION FROM MUSCULAR HYPERTROPHY.—*Case* 17973.—Age thirty-six years; is married, and gave birth to one child six years ago. Since then she has not been well. I bring this patient to your notice because of the abnormal vagina. About two inches from the osteum vaginæ, as the index finger follows the posterior vaginal wall, a non-elastic resisting membrane, rather dense, constricts the lumen of the vagina. At this point the opening is but little larger than the examining finger. Once passed, a pouched condition of the superior portion of the vagina is found. The sound was passed into the uterus when she first came to the clinic, nearly six months ago, and found the organ retroflexed and in slight subinvolution. A discharge at times purulent, at others sanguineous or mucus, is constantly coming from the part above the constricting bands. It is very likely that a movable os rests upon this constriction, and thus it is kept perpetually

irritated. You notice this difficulty, that in passing the speculum the constricting band gets very tense the moment the blades are expanded, so that there is no slight trouble to give the treatment we find beneficial, viz.: the thorough cleansing of the parts, and the topical application to lessen the irritating discharge. With this surgical syringe I pass the point beyond the bands and thoroughly cleanse the tissues with a weak solution of Listerine, and then pass a small cotton tampon, not much bigger than a cherry, thoroughly saturated with Hydrastis tincture. The patient reports herself very much improved within the past two months. In response to the question just asked, as to the cause, I can reply, that while it is not positively known, as its existence was only recently discovered, it is in all probability due to confinement injuries. The circular muscular fibers of the vagina were lacerated and the hypertrophy has been increasing of late quite rapidly. Had the laceration of fibres been complete, a recto-vaginal fistula would have been made, but as it was not, nature in her effort to repair the injury has caused this deposition of new material, and its organization has brought on this constricting band.

Vaginismus.—*Case* 20117.—Age twenty years; married three years ago; no children; in fact complete sexual intercourse has been impossible, because of a very painful condition of the vulva, and the excessive irritability of the carunculæ myrtiformes which are hypertrophied and inflamed, and exquisitely sensitive. The history is very meagre. For the past year she has been growing exceedingly nervous and hysterical, and, I might say, irritable. The pain is now getting so severe that she can not walk around her house without provoking intense pain in the parts; oftentimes the spasmodic seizure is so great that she can not move, if she is standing. She also wakens at night to find herself screaming, caused by the intense spasm of the parts, the cause being a sudden jerking of the legs on a change in position. The nervous symptoms are becoming more central. She gives up to long fits of melancholy, or without other provocation is hateful and ugly. She has had two surgical operations under chloroform, for the removal of what her physicians named "vascular excrescenses." They were non-curative and hardly palliative.

Clinical Society Transactions.

JOSEPH P. COBB, M. D., SECRETARY.

The regular monthly session of the Clinical Society, was held in Club Room No. 4, of the Grand Pacific Hotel, on Saturday evening, November 5.

In the absence of the president and vice-presidents, Dr. W. S. Gee was elected chairman.

Dr. F. C. Stewart of Peru, Ind., was elected to membership.

THE BUREAU OF NERVOUS DISEASES.

DR. H. B. FELLOWS, CHAIRMAN

presented the following papers:

I. Some thoughts concerning neurasthenia and allied conditions.—By H. B. Fellows, M. D.—In making the diagnosis of any diseased state of the system the object must not be so much to name it as to understand exactly the conditions present, and how they have arisen. The conditions out of which the present ones have arisen are more important often to a clear comprehension of the bearing of a case than the more obvious condition. This is true in considering the treatment and prognosis of many cases, and especially so in those cases which present, for their most marked features, more or less of that host of symptoms which are put under the classification of neurasthenia. When we have said of a patient that he or she has neurasthenia, we have, in very many instances, left the case in much darkness; it tells little more than that they are nervous; it certainly does not show that nothing more ails them. The same is true with that allied neurosis hysteria. It may, in some of its various multiform phases, be what will come into most prominent view when the case is examined; and when recognized prompts the remark, as if the whole case was summed up and elucidated in the one word, hysteria. But it must be remembered that symptoms

markedly neurasthenic or hysterical may be the result of the reaction on the nervous system of some condition not at all brought into prominence by any such a diagnosis; in these cases we have a truth only half told. The following cases will perhaps illustrate these points:

Case 1.—I was consulted by a professional friend last year about his condition of health, which had worried him for some time, and about which he expressed great anxiety for fear he was breaking down permanently, though still a young man. He was losing his energy and ability to work or study, and was much prostrated by any unusual tax on his strength, such as night work or any severe case which gave him anxiety; he was especially easily worried. The specific gravity of his urine was above 1030, and he suffered with weakness and some pain in the sacral region. I wrote him advising a thorough examination of the digestive tract to be made for some cause a local in its nature, which might react on his general nervous system, especially suggesting that a rectal ulcer might be found. This because the various plexuses of nerves in this region seemed to show some continued though slight local irritation. A few months afterward I received another letter saying that an ulcer was found in the rectum, and treated, while general measures were not neglected. When this was healed he lost his neurasthenic symptoms, and became as well able to attend to his professional duties as ever, and as hopeful about life. The specific gravity of his urine dropped to normal. Let us review this case a little. This man is in a profession that must always be full of anxieties and hard work, and he is not a person who will not feel the worry of the situation. This must have a tendency to depress nutrition. This puts all parts in a state more liable to disease, and makes any part like the rectum, which is liable to ulceration, more liable to take on that action. This condition, although not at all times painful of itself, may be a source of irritation that will depress other parts of the system, particularly if it be long continued. This depression reacts in the mental sphere, and anxiety and worry about his state of health, out of all due proportion perhaps, still further push matters

along in the same direction. Thus is established a vicious circle, which will not be understood without its entirety is studied.

Case 2.—An actress, while rehearsing for her part upon the stage, sustained quite a severe fall. Aside from the pain which might be traced directly to the fall, she soon began to manifest many nervous symptoms, and a marked change of character. From being a pleasant, amiable and tractable person, she became so irritable and self-willed that it was very difficult to influence her in ways for her own good. This condition lasted for some days, and made no improvement under general treatment. As this state of affairs dated clearly to the time of the fall, and as at one time before she had suffered from a misplaced uterus, an examination was made, which revealed this organ again retroverted. It was replaced in a proper position, and in a very short time the old kindliness of disposition returned, and her recovery was complete. The symptoms of the nervous system, especially those of the mental sphere, were not such as would lead at first sight to the full and complete diagnosis of the case.

The question may be asked why there were developed such mental conditions in this case, and not in others. To this the reply is that the irritation acted on a peculiar nervous system undoubtedly predisposed to take on such action. Another member of the same family suffered severely with nervous disorders for years, showing an undoubted hereditary tendency to this class of diseases. This nervous system was such a one that the sweet bells easily became jangled out of tune. And what we see in this case points to the explanation in many another where the consequences are more serious. Some life through which has run the sunshine of happiness and contentment, diversified only by pleasant showers of cares and anxieties, comes to some greater storm, either of mental strain or physical suffering, both, perhaps, combining, and each intensifying the other, and becomes a wreck, even when the storm is not long or severe. Some natal defect of brain and nervous power, hidden until then, makes itself felt so as to endanger or ruin the whole fabric. How many men and women from

that time on will have appetites, cravings, and impulses that will be demons in their nature, driving them to unhealthy excitements and dissipations—demons not to be downed by the preaching of their friends or their own reason, even though at moments that acts with force. Neurasthenia, hysteria, drunkenness, insanity, have a genealogy as positive and definite as the sufferer himself, when the records are open to our observation, and our eyes are educated to read them.

Case 3.—The following case points to the fact that certain symptoms may be caused by conditions which may have played a very minor roll, or not any, in their causation. Mrs. M. suffered a very severe attack of diphtheria, which not only left the patient much prostrated, but was followed by paralysis. She gradually recovered strength, and the paralysis passed off, except that one leg remained affected by a paretic weakness about the knee. If she attempted to walk across the room this knee was liable to give out, and drop her in a heap on the floor. After treating her for some time for this condition without success I made a uterine examination, and found the womb somewhat prolapsed and congested. I put it into place, and supported it by a tampon of cotton and glycerine. In a few minutes she was able to get up and walk all over the upper part of her house without any danger of falling, and in a few days went up and down stairs as usual before her sickness. No further sign of the old paresis again appeared. This paresis, caused no doubt by the diphtheria, was maintained by the uterine prolapsus, which was probably there before the diphtheria, as no cause could be assigned for it after that. The prompt removal of the paresis, after the reduction of the prolapsus, gives proof of how essential a factor that was in its continuance.

It is not intended to have it inferred that all neurasthenic symptoms are either caused or continued by some gross material lesion. Such is not the case, for most cases of neurasthenia, perhaps all cases of pure neurasthenia, have their seat in the nervous centres. Many times the causes of this condition will act purely through the mental sphere of the patients. Over mental work is a cause very commonly

assigned for many of these cases, and no doubt this does lead to such a molecular condition of the brain cells as to impair their action to such a degree that they fall below their normal plane. Every one who has—and what honest physician has not—experienced the mental and bodily fatigue after working continuously to solve some knotty problem of his profession can appreciate how far he has fallen away from his best working capacity until "tired nature's sweet restorer, balmy sleep" has restored him to his former estate. This is a miniature attack of neurasthenia, and certainly it needs no very active imagination to see that, if this exhaustion comes continually, after a time the physiological point of fatigue that will easily be removed will be passed, and diseased action will be left. But it is true that nature will bear many times with us before the depression will become permanent enough to be considered pathological; hence in most cases we find another element entering. The most prominent other element is probably worry. This emotion is always depressing, and when it becomes a fixed fact in life it can work sad havoc with the nervous constitution. The very nature of worry, affecting as it does the emotional centres of the brain centres, always active except during sound sleep, makes its effects continuous and destructive of a healthful balance. Does a person worry about any subject, it flashes upon him at all times and in all places, the last thing before going to sleep at night, during his waking moments in the night and with his returning consciousness in the morning, and it always brings a pang with it. Is it any wonder then that it is an important factor in a neurasthenic condition? It may not be a great worry, so it be a continuous one. Here, as in the other cases, the peculiar constitution of the victim has much to do with the ultimate result. Some persons break easily under the strain, and others "burn to the socket." Homilies on bearing the burdens of life with patience will not antidote the baleful effects, when the person with the peculiar brain organization is brought under these conditions. In different persons different effects are produced, one becomes more or less neurasthenic, another under similar conditions will go insane, while another will, perhaps,

have that peculiar balance of character which will enable him to shift his burdens so that he is in no great danger of a break at any time. As this delicacy of nervous organization grows with civilization, we find the bad results of it among the higher walks of life rather than in the lower.

Time does not permit me to take up the consideration of many of the special symptoms of the neurasthenic state, but there is one group that I wish in particular to mention, and that is the morbid fears to which these patients are so very liable. These take on many forms, and have been given a multitude of names, but the general term of morbid fears covers them all, and little is made so far as I can see by multiplying names. Certainly nothing is gained either in a knowledge of their pathology or as indications for treatment by so doing.

Case 4.—A lawyer of prominence who was under my care for neurasthenia said he was not able to go to his office because of his dread of entering it. He would drive down to it, and even take his wife along to brace him up, but when almost there he would tell his coachman to go home again, for he could not get his courage up to visit the office. There was nothing in his business to make him feel this dread. A wholesale merchant said he had a great dread of meeting even his best customers, and would often slip out of the back door when he would see any of them coming into the front one, rather than meet and talk to them. He had some business troubles. Another ,who had a long and fatal sickness in his family, said he could not bear to go to his store because of an indefinable dread that some bad news would be told him, or some awful thing happen there. A lady, a patient of more than ordinary culture, was tormented with a constant dread that some untoward event was about to happen, or had happened to her children. She thought her feelings were the "shadows of coming events cast before," a pathology I could not endorse. These will suffice as examples. What is their pathology? We offer the following as that of many of them.

Maudsley says, in his Physiology of the Mind: "In considering the complex nature of the emotions or affections of

mind it is necessary not only to take account of the inherited acquisitions of the race, of the more special inheritance from the immediate ancestors, and of the effects of education, but it is necessary also to take account of the effects which the different bodily organs exert upon the mental life. They are the foundations of the affective nature. As each sensory organ, or as each group of movements, has its representative centre in the grey matter of the cerebral convolutions, so there is reason to believe each internal organ of the body has its representative centre in the supreme cerebral centres through which it takes its essential part in the constitution of the mind. * * * In like manner it may well be that other organs of the body have their specific effects upon mind, giving to it specific emotions and their specific ideas. They are plainly bound together in the closest union and sympathy, constituting a physiological commonwealth, in which, if one member suffers, the other members suffer with it; for although they are insensible to touch when exposed they have a sensibility of their own, different in kind from that of the skin, by virtue of which they agree in a consent of functions, and feel and sympathize with one another's affections. Now the brain is the leading member of this physiological union, the centre in which the different organic impressions meet and are co-ordinated, wherefore the supposition that it carries on this important function of organic life quite apart from and independently of its function as the organ of mind would be most improbable, even if observation did not contradict it."

There must be then a constant action and reaction between the brain and the various organs of the body in which the mind plays no unimportant part. In these cases of neurasthenic individuals there is so much of worry and anxiety and similar emotions that the peculiar nervous action which is the substratum of them must take on an irritable activity. Even in cases where these emotions have not been the cause leading to the case, various frights and very anxious moments must have occurred quite frequently in the person's past history. We all know from experience the peculiar sinking feeling in the epigastric and cardiac region, the disturbed heart-beat

which gives us such a feeling of uncertainty as attends these excitements. They are linked to the mental condition to stay as long as life, and probably strengthened by inheritance. The reaction of the nerves of the epigastric and cardiac region, as Mandeley has shown, is equally true. Now if we have brain centres made unusually irritable by their weakness, and the peripheral nerves dibilitated too so as to take on these morbid irritations, what wonder that the brain responds with morbid fears, reminiscences of real fear, left in the brain by previous experiences. In these cases there is often both a weak gastric condition and an irritable heart, certainly the foundation for unhealthy sensory impulses. The imagination, excited by the report of distress that reaches the brain, if active, weaves a devil's woof out of it, or leaves it a nameless black horror to drop upon the victim at any time.

Time compels us to leave other types of these sufferings for consideration in the future.

It will be necessary to say only a few words upon the treatment of these symptoms. If the pathology is correct it suggests the most important points of rest and nourishment. These can not be brought about without a correction of both mental and physical hygiene, a problem that will often tax the physician's abilities to the utmost. Rest, especially good sleep at night, and plenty of it, and good digestion, will do more to cure these morbid fears than anything else. Drugs will help if properly applied, but there are none that are specific to these conditions. It is not necessary to enforce more at length the necessity of relieving all peripheral irritations by all proper means however or whenever they may have arisen.

Discussion.—Dr. W. H. Burh—I have been very much pleased with the report, and only regret that the Doctor did not give us more of the treatment. It is one of the hardest diseases with which we have to contend; one of the most difficult to find the cause of the trouble. I am glad that the Doctor called attention to the frequency of the reflex of the symptoms. I would like to ask Dr. Fellows whether, in cases of neurasthenia depending upon uterine displacements, he

uses a pessary or depends entirely upon cotton for support of the uterus?

Dr. Fellows — In the case mentioned no pessary was used, because there was some congestion of the pelvic organs. In old chronic cases I do use pessaries.

Dr. H. P. Skiles — I was very much interested in the paper, particularly in those cases where the cause was found. If I were to criticise at all, I should say that the first case was one of rectal ulcer, and not neurasthenia; another, one of retroverted uterus, and not neurasthenia.

Dr. Fellows—The point I wished to make in the paper seems to have escaped Dr. Skiles, or to have been misunderstood. It was that the whole case should be diagnosticated, and not any one part of it, no matter how prominent those particular symptoms may be; in short, the whole pathological process going on in the system must be considered. Again, pathology must not be confounded with pathological anatomy; the former bears to diseased processes the relation that physiology does to normal function. A correct diagnosis implies a knowledge of the former as well as the pathological anatomy, and naming some one coarse pathological anatomical condition present can not be in many cases a good working diagnosis. In pure neurasthenia we have no coarse pathological anatomy, and yet we have a pathology, and can make a diagnosis, which will be a working idea for the treatment.

Dr. Skiles—In my opinion a diagnosis is naming the cause of the disease. In a case of retroverted uterus with a backache, do you call the backache the disease?

Dr. Burt—I should like to ask Dr. Skiles the question, What is neurasthenia?

Dr. Skiles—Nervous depression. I know a case of insanity in which the replacement of a retroverted uterus ends the insanity, only, however, as long as the uterus is kept in its proper place.

Dr. Fellows—According to Dr. Skiles this is not a case of insanity at all. He violates his own idea by speaking of it in such a manner. His diagnosis should be simply retroverted

uterus; and, let me ask, would this convey to the practitioner any exact idea of the case? The retroverted uterus is a fact of pathological anatomy in this case, but it is not the pathology of the case by any means. This can only be learned by studying the life-history of such a case. Other causes may produce insanity in such constitutions, and our duties to such patients are not performed until we search out so far as possible such conditions of the nervous system as make it possible for a retroverted uterus to produce insanity in them, and correct them. A proper diagnosis must extend to these ultimate causes as well as to the present exciting causes.

Dr. Davidson—A case called neurasthenia once fell to my lot in the South, where there was marked nervous exaltation instead of depression. It began as an itching of the soles of the feet, coming on in paroxysms, and uncontrollable; gradually this sensation traveled upward to the head, then it reversed and went downward. A peculiar thing about these spells was that they would never come on while a stranger was in the house, although the arrival of a stranger during a spell would not frighten the spell away if it had been in progress some time. Years before she had been treated for malarial fever with large doses of arsenic. The skin was to all appearances normal. The parotid glands were very much enlarged. Nothing we ever did relieved. She went East, and died while receiving counter-irritation treatment.

Dr. Skiles—I would like to ask Dr. Fellows what made him think of rectal ulcer in his first case?

Dr. Fellows—Slight pains in that vicinity.

II. Clinical Cases.—By T. Griswold Comstock, M. A., M. D., St. Louis.—*Case* 1. *A case of hidden seizure, or dorso-scapular neuralgia.*—I take the liberty to report to the Clinical Society a case of what at first seemed to be an ordinary rheumatic neuralgia, but its long duration, accompanied with the greatest distress, and final fatal termination, proved it to be an affection most rare, and worthy of careful study and investigation.

Mrs. ———, about forty-nine years old, suffered in the year 1885–86 with sudden attacks of pain, occurring usually in the right side, and they were so severe as to sometimes cause almost a complete collapse. I attended her for several of the attacks, and diagnosticated them as the consequence of the presence of gall-stones. The patient was full-habited, the mother of one grown son, and seemed to me to be suffering from abdominal plethora and gastric catarrh. I ordered an entire change of diet, such as milk and broths, and the drinking of hot water an hour and a half before each meal and at bedtime. This treatment was continued for some time, and with apparently good results, as the attacks became less frequent, and for some months her condition improved. The patient, however, did not continue the strict diet ordered for a very long time, as she thought it was not necessary, because her painful paroxysms had become less frequent. She went East, and in Philadelphia had a severe attack, and her medical attendant inclined to the opinion that it was most probably gall-stone colic.

She returned to St. Louis in October, 1886, and called in a prominent old school doctor, who prescribed for her, regarding her case as an attack of neuralgia. After this medical gentlemen had attended for some six weeks, another celebrated physician was called in consultation with him, and they did not disagree in the diagnosis, but their remedies failed to do any good, and at this period I was called to again attend her. She informed me that she had never found the least relief from the treatment of the last physicians, and that they had dosed her very strongly with a variety of remedies, such as quinine, salicylic acid, chlorodyne, calomel, etc.

Her case may be described in a few words: Upon a careful physical examination of the heart, lungs, spine, abdomen, kidneys, etc., no organic disease could be detected, although the action of the heart was a little peculiar, but upon repeated examinations, made daily, it was at last regarded as not abnormal. Every evening she would have a most terrible recurrence of pains, commencing in the left shoulder, and shooting down between the scapulae to the lumbar regions.

She described the pain as being deeply seated. No explanation of these pains could be given, only the fact of their daily recurrence, and of their intensity, which gave her the greatest agony. Many remedies were tried in vain, such as nitro-glycerine, rhus tox., arsenic, calcium phosph., ferrum phosph., lachesis and many others. Nothing in the least could alleviate her agony, except a hypodermic of morphine, and this had to be given to her sometimes twice daily.

I called in as consultant one of the best clinicians in St. Louis, and he regarded the case as most mysterious, and in fact inexplicable. The possible existence of some malignant disease was discussed, but, by repeated trials and tests in our examinations, we could find nothing to warrant such a diagnosis. These pains came so regularly in the inter-scapular region, radiating to the shoulder and down the back (sometimes in one axilla), that we were almost forced to believe (making our diagnosis by exclusion) that either some cancerous condition was present, or else an aneurism might exist.

Galvanism was carefully tried by an expert, who was confident that it would act favorably, but it really did no good. The case was most carefully studied, and the patient was constantly under the care of trained nurses; remedies in different potencies were given, hot applications, massage and faradization were all tried, but with no relief. When the pains came on it was absolutely requisite to at once give morphine hypodermically. I left St. Louis in February last for California, and gave the patient in charge of Dr. Walker, who continued the same treatment that I had pursued, being necessitated to administer the hypodermics daily, and sometimes twice daily. Before I left the patient, I had tried to diminish the dose of the narcotic, but it seemed next to impossible, for the pains were so great that the patient could not possibly endure them. One week after I left, one night she had a fearful pain come on, and there was purposely a little delay in giving the hypodermic (as frequently at previous times its administration would be put off as long as possible), and the patient suddenly became frantic, and in a strong passion because of the delay, suddenly went into a collapse and in a few moments

expired. No post-mortem was allowed, although if I had been present, I should have insisted upon it, and would have refused to give any certificate of death without a careful examination. The doctor thought that pulmonary congestion was the cause of the sudden death, but I can not think such a view was a sufficient explanation to account for her sudden demise.

The question arises, what was the cause of this peculiar dorsal neuralgia? In all my experience in hospital, as well as private practice, I never met with a case precisely similar. I have reflected upon the peculiar pains which recurred so regularly every afternoon, or evening, and which seemed to drive this poor woman almost to distraction. I can not but think that some organic disease existed that caused all of her troubles. In the *Philadelphia Medical Times* for October 15, 1887, page 55, we read as follows: "We have met no neuralgias so intractable as those affecting the left shoulder and the nerve of Wrisberg." I do not find this peculiar form of neuralgia described by any other author that I have consulted, but in Ranney's "Medical Anatomy," New York, 1882, is the following:

"Persistent pains high up, between the shoulders, are strongly indicative of disease of the heart, aneurism of the arch of the aorta, stricture of the œsophagus, and anything which would tend to create pressure within the posterior mediastinum. If we meet with persistent pain in the space *lying between the middle of the scapula and the region of the spine* we have good ground to suspect the existence of some disease of the abdominal digestive viscera, the pain being carried to the surface probably by means of the splanchnic nerves. The great splanchnic nerve is connected above with the fourth, fifth and sixth dorsal nerves, and below with the solar plexus and thence with the stomach, duodenum, liver and intestines. It seems probable, therefore, that the pains experienced in the region of the scapula, by patients afflicted with diseases of the digestive organs, is referable in some way to the greater splanchnic nerve." Dr. Ranney further adds: "It is in connection with the nerves of the dorsal region that pain is a more valuable guide than in almost any other portion of the body. The subjacent viscera, occupying the thoracic and abdominal cavities, are constantly manifest-

ing diseased conditions by a pain of a superficial character, through the intimate communications that exist between the splanchnic and dorsal nerves, at spots often far removed from the exciting cause. It is natural that the medical attendant, unless his attention has been directed to this fact, will attribute the pain to some fanciful cause in the locality of that pain, or to some general diagnosis of neuralgia, malaria, etc., when an anatomical knowledge might direct him aright both in diagnosis and treatment. The lessons taught by anatomy are of a most practical character, and worthy of the study even of those old in the practice of physic!"

I have taken the liberty to report the above case with a few details, because its true nature was not positively recognized during life, and its sudden termination clearly indicated that some organic disease of a serious nature was certainly present. The longer we practice our profession, the more decidedly we are impressed with the absolute necessity of making a careful diagnosis, or we shall sometime find ourselves in the midst of doubt, defeat and disgrace. The symptoms in a given case are the premises whereby we can make logical conclusions, and thereby form a rational and positive deduction, thus making our diagnosis satisfactory. If any member of the Clinical Society can give the profession some experience in neuralgia of the left shoulder, affecting the nerve of Wrisberg, and especially when the pains radiate to the inter-scapular, and dorsal regions, they will be worthy of much gratitude.

Case 2.—*Foreign body in the bladder of a little girl eight years old, producing reflex symptoms that were diagnosticated as being caused by ascarides in the rectum.*—One night, at 12 o'clock, in the month of January, I was called to see a patient with the following history:

The patient was a little girl eight years of age, that had been sick since the middle of September, preceding. The case had been attended by a medical man of some note, as he was the presiding officer of the oldest medical society in St. Louis. The father told me that the child had been attended at first by another physician, who had called in the physician now in attendance, and they both were in accord as to the diagnosis, which was that the child was troubled with worms

(ascarides). The treatment of the first physician was not successful, and so they concluded to keep the last doctor, because he was an officer (president) of the St. Louis Medical Society, and on this account they thought he would be more successful in the treatment of the case. At the most urgent solicitation of the parents, I consented to take the case. I remarked to the parents that a case of pin worms could be hardly serious enough to call a physician in the night, but they insisted that I could have no conception of the way the little patient suffered. They informed me that worm medi cines had been given for a long time without effect, and the worms occasioned so much suffering now that it was necessary to give the child, every night, opiate suppositories to ease her sufferings. The child was lying in bed, and seemed to be a very interesting child, and I could not understand why she should have suffered so long simply from worms.

They said she suffered constantly with pains and distress in the rectum "caused by the worms," and they added that she had to urinate every few moments. This was about all they said at that first visit, and as I saw the mantle-piece literally covered with medicines which had been prescribed and dispensed to the child for worms, I gave a dose of Belladonna, and ordered hot water douches against the rectum and perineum, simply to ease the child's suffering. I visited the child the next morning, and found that she had passed a better night, and, as the mother stated, she had a little comfort, because she had not taken any bad doses of the medicines that she had been accustomed to swallow so frequently. I made inquiries about the worms, but could elicit nothing satisfactory, except that the worms were certainly there, and that they were the whole cause of the trouble. I placed the child upon a careful diet, as I had not made my diagnosis of the case, and I found that the other doctor had never given any special directions about what the child should eat, but allowed it to have anything it desired. I continued to treat the patient rather expectantly for several days, the mother telling me that she thought the child did not suffer so much since I took the case in hand. One morning I came in, and they told me that the child seemed to suffer now about as much as ever, and that she had passed a bad night, and had to rise every few moments to pass water. I was in a quandary, and had not yet made a rational diagnosis, but at this moment the child passed water involuntarily, and seemed to have a spasm. I remarked this to the mother, and she said that she had suffered exactly in this way for two months past, "all from the worms."

I at once made the remark that it looked to me as if there must be a foreign body in the bladder. The mother then called me into another room, and said that there was one fact that she perhaps ought to tell me. She said that about the middle of the previous September (four months since), early one morning, the child woke the parents up with a scream, she being on the floor sitting down, and was crying. The father and mother both sprang out of bed and asked their little daughter what was the matter. She told them she had "lost a harpin in her." The mother hunted for the hairpin and could not find it, and then they sent for the first doctor named, and he came and professed to make an examination, and stated that nothing of the kind could be there. After this nothing more was said about any hairpin being lost in the vagina, but the doctors in attendance insisted that the mother was unnecessarily alarmed, and was nervous, and that all the symptoms came from worms. I then questioned the mother about the hairpin, and she told me that the child confessed that she was, while on the floor, rubbing her privates with a hairpin, and had been taught to do so by a nurse-girl fifteen years old, that had taken care of her when the parents were out of the house. I now questioned the child about the circumstances, and asked her particularly just what the nurse-girl had told her to do. The child seemed to be very precocious and remarkably developed for her age, and would give me no satisfaction regarding the circumstances, and finally, in reply to a positive question about the matter, said "I won't tell you." I then concluded that the lost hairpin unaccounted for was probably in the bladder, and was the sole cause of the trouble that had been attributed to "worms."

I then placed the child upon a table and administered chloroform, and introduced a sound into the bladder, and at once found a foreign body that I knew must be the hairpin so long lost and that had caused all the trouble.

I called in Dr. Parsons the next day, who also made an examination of the bladder with a sound, and confirmed my diagnosis as to the presence of a foreign body there. The urethra was then dilated and the hairpin was found to have the prongs downward, as it had probably been introduced with its closed end pushed into the urethra, and at every evacuation of the bladder, when it was collapsed, the two sharp points of the pin would stick into the walls of the bladder and cause spasmodic contractions and dreadful pains in the child. One end of the hairpin was seized by a small forceps introduced into the bladder, and then a piece of a small elastic catheter was inserted into the urethra and pushed over the

other end, and in this manner the hairpin was extracted from the bladder. The child made a perfect recovery from the traumatic cystitis that it had suffered with for four months, and which had been treated as the result of the presence of worms. The lessons to be learned from this case are of no little importance to the practicing physician: First, it is always requisite for the physician careful of his reputation to make a careful diagnosis. Second, we learn from this case that a child eight years old can be taught to practice masturbation. Third, that a child of this age can introduce a foreign body into the bladder. Fourth, we learn that physicians of the greatest reputation can overlook such subjective symptoms as this child exhibited, and attribute them to worms.

In the work of Poulet, written in French (Foreign bodies in surgical practice), he instances a great number of cases among males and females, where foreign bodies were introduced into the bladder, such as lead pencils, toothpicks, sewing needles, knitting needles, hairpins, iron wire, ivory nail cleaners, and a great many other objects, but I have found no cases so quoted where the female was under fifteen years of age.

It seems that the nurse-girl had for a long time taught this little girl to produce pleasurable sensations in the privates, and thus practice self-pollution, and the child had gotten up early one morning and deliberately seated herself upon the carpet, and had taken a hairpin and in trying to produce pleasurable sensations had actually lost it in the urethra, and it slipped into the bladder. The hairpin was incrusted with the salts of the urine, and its presence had occasioned untold sufferings in this precocious child. Masturbation in children, is something that the practitioner frequently overlooks, but that it occurs is an important point for us as clinicians to recognize. It is not best for the medical man to be a "horror hunter," but he should know that such things exist, and probably the practice of masturbation happens more among the lower classes. In the case that I have quoted, it was in one of the best families. I remember well, while a pupil in the wards of St. Anne's children's hospital, in Vienna, and upon the first visit I ever made there, that Prof. Ludwig Mauthner, Ritter von Mauthstein, who was the physician in charge, and Primarius, told us that masturbation was a

common thing for children to do, and that they often practiced it when three years old, but he also stated that it was much more common among boys than girls. In the St. Louis Children's hospital, we have had some experience of this kind during the past year, and we discovered that the practice had been communicated to several children from some one that had first learned the practice. In one case in a girl about thirteen years old, hebephrenia set in and she had to be sent to an asylum for the insane. Among the boys that we found practicing masturbation, in the St. Louis children's hospital in January last, I made the operation of circumcision upon several, with favorable results. I recollect several had in particular a redundancy of the prepuce, and this was an especial indication for the operation. Clinical experience has time and again proved that an elongated and redundant prepuce tends very much to make boys practice masturbation.

Volunteer Papers—A POLYCYSTIC TUMOR OF THE OVARY, WEIGHING FORTY POUNDS, IN A GIRL OF TWENTY-TWO—OVARIOTOMY —RECOVERY.—REPORTED BY W. C. FRYBERGER, M. D., SUPERINTENDENT OF THE MINNEAPOLIS HOMŒOPATHIC HOSPITAL.

Case—Miss H., now twenty-two years old, has never been regular as regards menstruation. Three years ago she began to have attacks of bloating of the abdomen, accompanied by headache and the vomiting of "hot water," as she expressed it. After a few hours these symptoms would disappear and she would again feel comfortable. The attacks occurred every few weeks, and were due, her physician told her to "gas on the stomach." At the end of two years, and after one of her usual "spells," her abdomen not only remained bloated but began to enlarge quite rapidly, so much so that in May she was obliged to take to her bed, and, after five weeks of suffering, was tapped and ten quarts of a thick, syrup-like fluid withdrawn. For a short time she felt as well as ever, but the bloating returned, and on the 7th of October, 1887, she entered the Homœopathic Hospital of Minneapolis, Minn., as a patient of Dr. W. H. Leonard, and was immediately operated on by Dr. R. Ludlam, assisted by Dr. B. L. Reynolds of Chicago, and Drs. W. H. Leonard, S. A. Locke, A. S. Hutcheson, Otis L. Humphrey and W. O. Fryberger, of Minneapolis. The operation lasted one hour, and resulted in

the removal of a polycystic ovarian tumor from the left side, weighing about forty pounds, estimated. Owing to posterior and extensive omental adhesions, oozing was anticipated, and a glass drainage tube was introduced into the lower end of the wound and left in the Douglas pouch. At the end of the fifth day the oozing ceased, and the tube was removed, care being taken to place an adhesive strap over the aperture.

For the first twenty-four hours the patient took no food or drink, and nothing save a few doses of Aconite 3, in pellets, and a single dose of Colocynthis, to relieve the pains incident to the accumulation of gas in the intestines. At the end of the third week she sat up, and a week later left the hospital, well, an elastic abdominal supporter having been provided for her.

Reviews.—This work* is now complete. The profession should welcome it, and Dr. Millspaugh, as scientist, artist and physician should be proud of his labors as its author. The painstaking student of materia medica will find it excellent for reference. There are many very valuable suggestions concerning the possibilities of some plants becoming greater in therapeutic value than has yet been attributed to them. The author has sought to improve our list of drugs by timely hints as to new methods of preparing them for use, by a wiser and better selection of plant properties. We have often wished that he could have enlarged his notes on the physiological action of the drugs he describes, not that they are lacking in quality, but we would like more of such grain from his great winnowings.

The illustrated portion of the book is a marvel of attention to details in drawing and coloring. The publishers have done their work without knowing a stent other than perfection. The library of every homœopathic physician should have in it this distinctive work, as it contains many descriptions of plants not to be found in any other pharmacopœia, and such as are not officinal in the dispensatory.

E. S. B.

Surely "the workman dies but the work goes on," and this long promised and much looked for volume comes to us as did Hempel's, Herring's and Dunham's, after the pen had ceased to record or the brain to classify.† Dr. Farrington's

*"American Medicinal Plants." An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies, their History, Preparation, Chemistry, and Physiological Effects. By Charles F. Millspaugh, M. D. Illustrated by the Author. Boericke & Tafel, New York and Philadelphia. Fascicle VI.

†*A Clinical Materia Medica.* From the notes and lectures of the late Prof. Farrington, of Philadelphia.

work is the rich fruitage of all other growths, and the "Clinical Materia Medica" shows how kindly and how truly the hand of practice rests in the hand of provings. In our next issue we hope to give a more extended review.

E. S. B.

Cigliano's Materia Medica.—An event of importance, as well from its intrinsic value as from its bearing upon the history of homœopathy, the consequence and significance of which it would be idle to disregard, has taken place in Italy. Dr. Tommaso Cigliano, of Naples, already known through various publications of merit, has just issued a book whose want was sorely felt on the other side of the Atlantic, and I am especially happy to devote a few lines to it in THE CLINIQUE, for the author is my personal friend. The book bears the title of *Rimedii Individualizzati per Sintomi e Malattie; ovvero, Grande Repertorio Clinico Omiopatico,* which I would readily translate thus: "Dictionary of Individualized Symptoms." It was published in Naples, and is dated 1887.

This new and original work is quite an extensive one. It contains about 1,000 pages of small print in two columns, while the method of exposition adopted by the author is so perfect, and the use of abbreviations so free and well arranged, that it can be claimed to its credit that there is neither a useless word to be found in it nor an inch of space lost. The result is that the volume, though teeming with an overwhelming amount of information, is solid but not heavy, large but not unwieldy.

The two chief characteristics which, without any possible doubt, place this Repertory above any other similar work in existence are: First, the alphabetical order adopted for the disposition of the symptoms, organs and diseases, which renders research speedy and easy; Second, the rational method after which the divers symptoms are grouped according to their differential affinities, for nice discrimination and accurate individualization.

This latter point is well worth our consideration, as upon it hinges the whole machinery of our therapeutical reform. According to the author, the infinite variety of symptoms, as elicited from the sound organisms of the provers by drug action, may be classified as to genus, species and the individual. To *genus* pertain all those anatomo-physiological alterations of the organs which are common to many drugs; to *species*, those symptoms affecting the sides of the body or some particular region in preference to any other; to the *individual*, those symptoms consisting in the order of succession,

in the quality, modality, concomitances, resemblances, aggravating or alleviating circumstances, causative influences, time of appearance or rhythm, and preceding or following phenomena.

Such are the criteria of individualization we have to consult in each clinical case. They do not rest on any anatomical lesion, being only experimental and figurative perturbation of depolarized sensibility. I myself heartily approve and partake of the practice of those of our members who are fond of diving beneath the surface of shallow, morbid phenomenalities in quest of their more concealed pathological substratum and sundry reflexes; still, clinically, the symptoms stand as our surest guides toward relief and curation of disease, and as such every effort should be strenuously made toward facilitating the process of individualization, and, therefore, every step toward that end warmly encouraged.

No better plan, in fact, could have been devised to such desirable end than that brought to bear upon the classification of the symptoms by our author. Each symptom or organ, as the case may be, will be found in his repertory, at the place assigned to its alphabetical order, and subdivided in ten categories, under abbreviative headings, according to their specific modalities.

Besides this worthy innovation it appears to me that the author has brought into play, for the selection of the materials of his compendious work, the most scrupulous and subtle sense of differentiation between the worthless and the valuable, the uncertain and the reliable. An expert and practiced eye will perceive it at once, after a short perusal of the volume.

This is no mean credit to our young Italian confrere. As it is, this repertory will stand as a monument of the most elaborate and conscientious character, and commend itself, besides its many merits, through two dominant qualities which pervade its contents. A firm honesty of purpose served by a keen sagacity of choice, it will prove invaluable to the profession on the continent. I, for one, can testify to its excellency, as I had to give it a thorough test in relation to a few difficult cases I happened to have on hand just lately. The result was most grateful, not only in the rapidity, the accuracy of the selection of the remedy, but in the favorable effects that ensued.

Practitioners in this country, well provided as they are with good repertories, can hardly realize that their French, Italian, Spanish and Russian confreres are almost deprived of similar resources. Therefore, when one thinks of the pro-

longed drought which has prevailed in homœopathic continental literature respecting standard books for clinical reference, during the last twenty-five years, one can not fail to welcome with satisfaction such an unmistakable token of revival as this book presents. That is the reason why, besides the appropriate consideration due to solidarity among the professional brotherhood, this fact acquires so much importance in my eyes, as well as of those of every close observer of the state of things abroad.

I repeat, therefore, that such an achievement as this, individual though it may appear, coupled with the fact of the recent foundation of the "*Italian Institute of Homœopathy*," owing mainly to the author's agency, forcibly points to a new era in the slow development of our school in the fatherland of Galileo, Dante and Columbus.

In a report on the *History of Homœopathy in Italy*, which I wrote for the International Homœopathic Convention, held in London, 1881,* while trying to investigate the causes of this deplorable stagnation, I especially mentioned the lack of unity among the peninsular adepts, and the still greater want of good standard works. This double gap seems to have been most satisfactorily bridged over by the Institute and Cigliano's book, which, as the author auspiciously announces, will shortly be followed by the publication of a *New Materia Medica Pura* entirely revised and remodeled after the method so happily inaugurated in the repertory.

Thus does Cigliano to-day come conspicuously forth in the ranks of the profession, and I have unbounded pleasure in extending, across the ocean, to one whom I know is so unpretending and modest, not only very friendly and heartfelt congratulations, but the united and warm applause of the whole faculty of the "Old Hahnemann."

For many years I have known Cigliano, so that I can introduce him to the readers of THE CLINIQUE. He is of a very fine meridional type, still in the prime of life. His manly, strong yet graceful frame, though slightly bent by the weariness of toil, bespeaks a blended energy and suppleness. His dark eyes have the deep subdued glow of gentle, yet powerful souls. Cigliano's is a highly cultivated mind, one that was reared and nurtured in the reverential cult of letters, sciences and arts; one that is kindled by steady faith in justice, and unquenchable enthusiasm for progress, both balanced by cool self-possession and critical judgment, in fact, combining in his nature all the vivacity of seething Vesuvian blood with a calm and thoughtful maturity.

*Printed in the transactions of said convention, 1881, London.

When I last visited him at his home in Via Bisignano, Naples, some three years ago, during a flying trip around the enchanted shores of the Mediterranean, I found him deeply engaged in the elaboration of his work, then far from completion. We had a long talk over the method which he thought to adopt. I could only express my warm approval of it, congratulating him on the signal service which he was about to render his country, whereupon he exclaimed, "Why should you not do the same for France by translating the book as fast as my edition comes out?" I would gladly have done so, and God knows if French homœopathic literature stands in need of such a repertory; but my nomadic habits would not allow me to attempt it at that time, to my infinite regret. I can only hope some French confrere, under more favorable circumstances, such as Dr. Abel Claude, of Paris, for instance, will undertake the task, and thus throw forever in the dark the desultory Jahr's repertory which is still the vade-mecum of most of the French homœopathists.

And thus the seeds sown on Italian soil by those two ardent souls, Brentano and Bernardino Dadia, will not, after all, have been sown in vain. It is refreshing and consoling to think that their labors have found a successor worthy of them. Besides, the times are singularly propitious for a crusade on the peninsula, when everything and every one there seems to be astir with renewed activity. Cigliano is an illustrative type of that enterprising and energetic generation whose industry and *labor improbus* have been instrumental in bringing their country, not long ago so forlorn and desolate, to the front of the mightiest European nations. Let us hail in him the leader of Italian homœopathy, and bid him fair success in the struggle which he promises to wage against the obscurantism of the official school, which is still so powerful in Italy.

It would be ungrateful, however, to forget the old deans of Italian homœopathy, whose generous example Cigliano only followed. Such are Dr. Rubini, of Naples, to whom we are indebted for *Cactus grandiflora* in heart diseases, and *Camphor* in cholera; and Dr. Pompili, of Rome, whose untiring work has, for a score of years, kept up the *Rivista Omiopatica*, the only periodical of our school that Italy can boast of. May the pleasant hum of praise which rises around the name of their young disciple echo back to their venerable heads and gladden their declining days.

Dr. B. S. Arnulphy.

Miscellaneous Items.

The changes of location include that of Dr. J. N. Martin, from Macomb, to La Harpe, Ill.; Dr. F. M. Martin, to Maryville, Mo.; Dr. C. H. Wagner, from Spring Valley, Minn., to Minneapolis; and of Prof. O. B. Gause, from Philadelphia, to Aiken, S. C.——Dr. Frank Hodgdon and Clara Petingill were married October 26 at Peterboro, N. H.——Mrs. Dr. J. C. Fate, of Warren, Ill., died of phthisis, October 5.——The present class in the "Old Hahnemann" has been afflicted in the death of the beloved wife of Mr. E. K. Thompson, one of its members, which occurred November 9.——The Southern Homœopathic Medical Association will hold its fourth annual meeting in New Orleans, December 14–16.——Prof. Hall, chairman of the Bureau of Surgery, will report at the next meeting of the Clinical Society.——The sixth edition of "Ludlam's Diseases of Women" would have been ready for delivery if the printers had not been served with an injunction, under which they have been struggling for a fortnight.——Our friend Halbert is winning golden opinions as auxiliary to the Chair of Anatomy.——Among the new books of the month are Vol. XI of "Wood's Cyclopædia of Obstetrics and Gynæcology; "Andrews' Rectal and Anal Surgery," published by W. T. Keener; Vol. I of Mann's "American System of Gynæcology," and the third edition of Goodell's "Lessons in Gynæcology."——The Notes from the Clinic on Physical Diagnosis, by Prof. Arnulphy, are crowded out of this issue.——One more number closes the eighth volume of THE CLINIQUE.——Dr. H. B. Clarke, of New Bedford, Mass., spent the Sabbath with us on his way to California.——We are pained to hear of the death of Dr. John Shafer, '85, from acute diabetes, November 6, at N. Y. Kingston——Dr. J. P. Cobb has two pleasant offices to rent at 207 Thirty-first Street ——The Transactions of the Fortieth Session of the American Institute of Homœopathy, 1887, are out in a handsome volume of nearly 900 pages.——Boericke & Tafel have issued a second edition of Faulkener's, "Homœopathic Physician's Visiting List and Pocket Repertory."